

Work Order ID 92076

October-22-12 3:19:22 PM

92076

Page 1

Item ID: 647.1815

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Gusset RH

Stop

NS2

Start Date: 22/10/2012 Start Qty: 6.00

6

Cust Item ID:

Required Date: 05/11/2012 Req'd Qty: 6.00

6

Customer:

Reference:

Approvals: Process Plan: ML5

Date: 12-10-22 Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
647.1800	N/C								
110		0.00							
110									
Waterjet	Memo	0.00							
FLOW CNC Waterjet	1-Cut as per Dwg Dwg Rev: <u>N/C</u> Prog Rev: <u>N/C</u>								
2084.040	2-Deburr if necessary								
120	QC2- Inspect parts off machine FAI/FAIB	0.00							
120									
QC	Memo	0.00							
Quality Control									

6 0 Jan 12-11-1

Jan 12-11-1

Jan 12-11-1

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____		DISPOSITION			AGAINST DEPARTMENT/PROCESS								
Part No. _____		Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>							
NCR No. _____		Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>							
		Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>							
		Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>								
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data													
Equip/Tooling													
Operator													
Material													
Setup													
Other													
Process													
Supplier													
Training													
Unapproved													
FAULT CATEGORY													
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other			

Work Order ID 92076

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Page 2

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Accept

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Revision ID:

Item Name: Gusset RH

Stop

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Start Date: 22/10/2012 Start Qty: 6.00

6

Cust Item ID:

Required Date: 05/11/2012 Req'd Qty: 6.00

6

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

130

130

QC

Quality Control

Operation
Description

QC8- Inspect parts - second check

Set Up/
Run Hours

0.00

DAS
15
8-69

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

6

140

140

Brake NC

Brake NC

Form as per dwg

0.00

4

8/11/13

150

150

QC

Quality Control

QC5- Inspect part completeness to step on W/O

0.00

DAS
15
8-69

12/11/13

4

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: <u>92076</u>	DISPOSITION				AGAINST DEPARTMENT/PROCESS				
Part No. <u>3647.1815</u>	Rework	Skid-tube	Crosstube	Water Jet	Engineering				
NCR No. _____	Scrap	Machining	Small Fab	Prod. Eng. Coor.	Quality				
	Use-as-is	Thermoforming	Finishing	Rec/Store/Packaging	Other				
	Work Order Update	Large Fab	Composite	Supplier					

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup	12/11/13	140	2	IP cut crack change set up + 1 part is out of tolerance	DAS 15 AS2012 12/11/13	Scrap & destroy no replace	SB 12/11/13	13/11/13	DAS AS2012 12/11/13
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY									
Landing Gear			General						
<input checked="" type="checkbox"/>	Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced
<input type="checkbox"/>	Centre Not Concentric to O/S	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure
<input checked="" type="checkbox"/>	Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld
<input type="checkbox"/>	Crushed/Crimped.	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled
<input type="checkbox"/>	Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>	
<input type="checkbox"/>	Heat Treat	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>	
<input type="checkbox"/>	Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Misread	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Other
<input type="checkbox"/>	Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Offset	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>		<input type="checkbox"/>	

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Page 3

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NS1

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Stop

NS2

Start Date: 22/10/2012 Start Qty: 6.00

6

Cust Item ID:

Required Date: 05/11/2012 Req'd Qty: 6.00

6

Customer:

Reference:

Approvals: Process Plan: _____

Date: _____

Tooling: _____

Date: _____

Run

Start

NR1

QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
160 *160* Outsource4	Outsource process-Anodize per QSI017 4.1.10.1	0.00							<i>CL 12/11/14</i>
160 Outsource process - Anodize	Memo ISSUE P/O: <u>18399</u> HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 2)	0.00							<i>(Signature)</i>
170 *170* Packaging	Receive & Inspect for Damage & Mat'l Certs	0.00							<i>12/11/29 (9)</i>
Packaging	Memo	0.00							
180 *180* QC	QC5- Inspect part completeness to step on W/O	0.00	<i>DAS</i> <i>15</i> <i>88</i>					<i>4</i>	
Quality Control	Memo	0.00	<i>10/11/29</i>						

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS						
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
				Bending <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>				
Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>								
Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>								
Crushed/Crimped. <input type="checkbox"/>	Burrs <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>								
Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Part Moved <input type="checkbox"/>									
Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>									
Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>									
Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>		Other <input type="checkbox"/>								
Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>										
Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>										
Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>										

Work Order ID 92076

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92076

Page 4

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Setup Start

NS1

Revision ID:

Item Name: Gusset RH

Stop

NS2

Start Date: 22/10/2012 Start Qty: 6.00

6

Cust Item ID:

Required Date: 05/11/2012 Req'd Qty: 6.00

6

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

190

190

SprayPaint

Spray Painting

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

0.00

4

0

0

A

12-12-15

200

200

QC

Quality Control

QC14- Inspect Spray Paint

0.00

Memo

0.00

4

DA
05
12-12-15

210

210

Packaging

Packaging

Identify as per dwg & Stock Location: 139C 0.00

Memo

0.00

IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV

10/13/12/14

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____		DISPOSITION		AGAINST DEPARTMENT/PROCESS							
Part No. _____		Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>					
NCR No. _____		Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>					
		Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>					
		Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	
										<input type="checkbox"/> Other	

Work Order ID 92076

October-22-12 3:19:22 PM

92076

Page 5

Item ID: 647.1815

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Gusset RH

Start Date: 22/10/2012 Start Qty: 6.00

6

Cust Item ID:

Required Date: 05/11/2012 Req'd Qty: 6.00

6

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

220

QC21- Final Inspection - Work Order Release

0.00

13/1/14 80

220

QC

Quality Control

Memo

0.00

MF
3-1-10

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS								
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>						
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>						
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>						
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>							
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data													
Equip/Tooling													
Operator													
Material													
Setup													
Other													
Process													
Supplier													
Training													
Unapproved													
FAULT CATEGORY													
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other			

Picklist Print

October-22-12 3:19:25 PM

Page 1

Work Order ID: 92076

92076

Parent Item: 647.1815

647 1815

Parent Item Name: Gusset RH

Start Date: 22/10/2012

Required Date: 05/11/2012

Start Qty: 6.00

Required Qty: 6.00

Comments: IPP REV:A 12.10.03 NEW ISSUE DD VERF:JFS

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M2024T3S.040		Purchased	No			110	sf	217.4512	0.085	0.536842	**	0.6	

M2024T3S 040

2024-T3 .040 sheet

Location	Loc Qty	Loc Code
MAT022	217.4511626	
120605	32.9127416	
121197	32.498421	
122136	22.39	
123217	129.65	122136

Jm 12-11-1

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

DART AEROSPACE LTD	Work Order:	92076
Description: Gusset RH	Part Number:	647.1815
Inspection Dwg: 647.1800 Rev: N/C		Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

Measured by: <u>JM</u>	Audited by: <u>15</u>	Preliminary Approval: <u>14/09</u>
Date: <u>12-11-1</u>	Date: <u>12/11/01</u>	Date: <u></u>

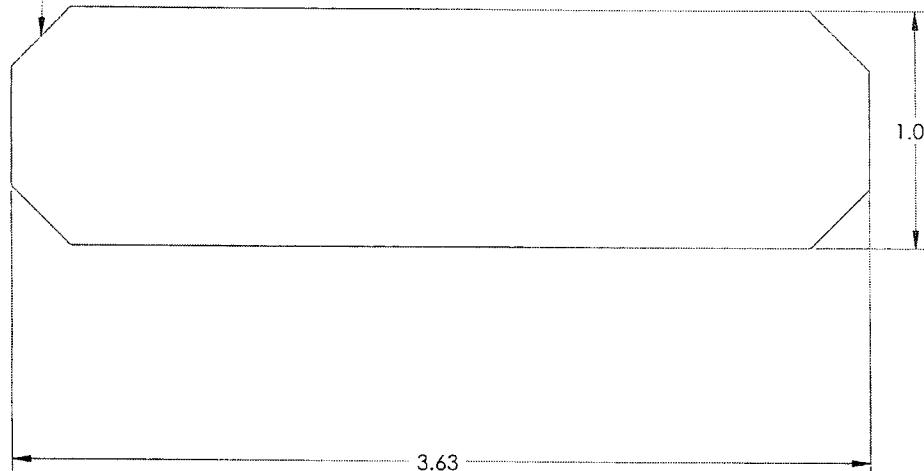
Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

10.04.15

1 2 3 4 5 6 7 8

ALL DIMENSIONS ARE IN INCHES. THIS DRAWING IS THE PROPERTY OF
APICAL INDUSTRIES INC. EXCEPT AS NOTED OR APPROVED
THE DRAWING IS THE PROPERTY OF APICAL INDUSTRIES INC.

.25 X 45.0°
4 PL

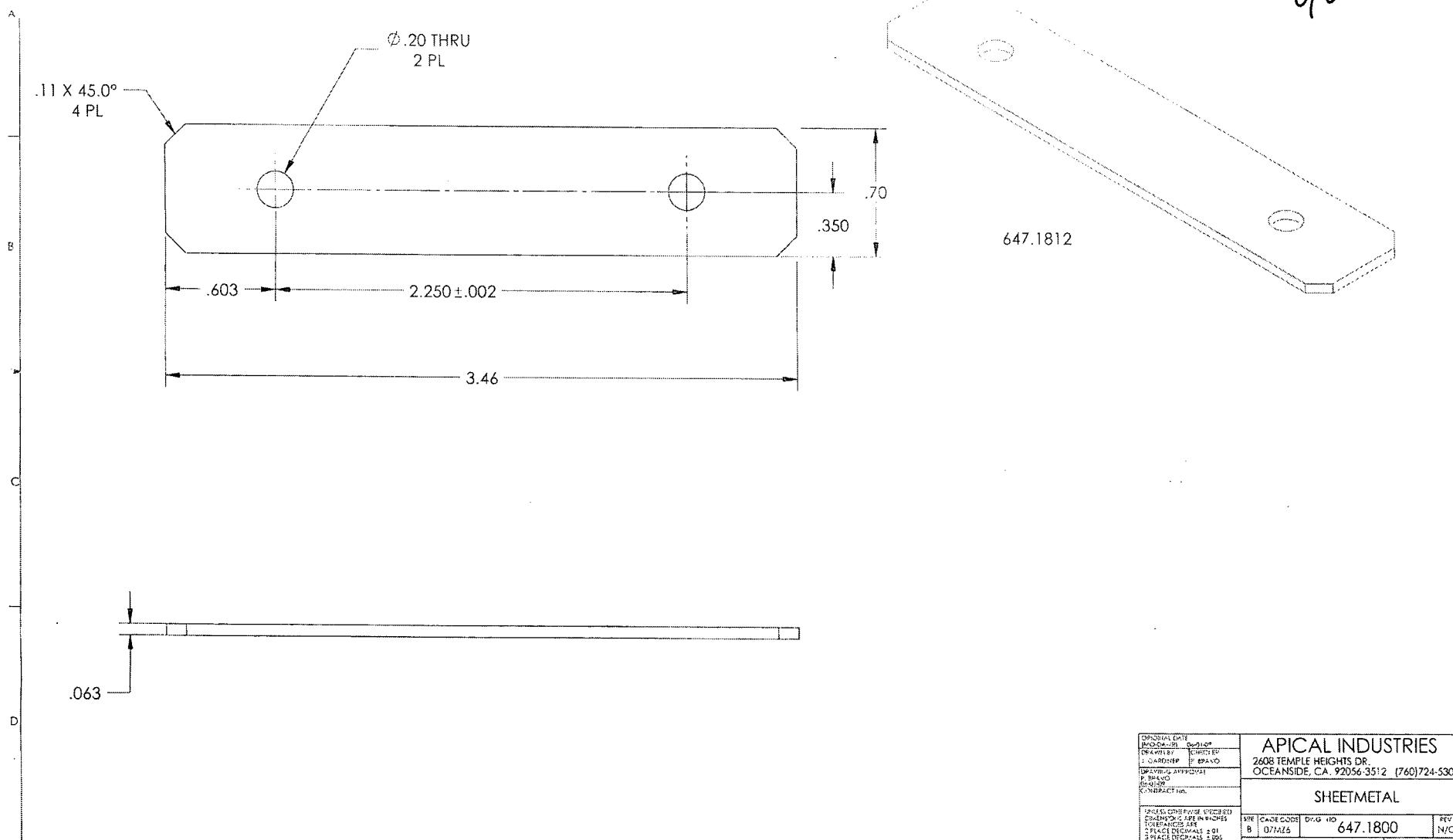


647.1811

92076

CONTRACT DATE	06/01/09	APICAL INDUSTRIES
PROJECT NUMBER	07M26	2608 TEMPLE HEIGHTS DR, OCEANSIDE, CA 92056-3512 (760)724-5300
DESIGNER	IN-HOUSE	
DRAWING APPROVAL	E SPACO	
CONTRACTING	CONTRACTING	
UNLESS OTHERWISE SPECIFIED		SHEETMETAL
ALL DIMENSIONS ARE IN INCHES		
TOLERANCES ARE IN		
STRAIGHTNESS 1/8"		
ANGLE 2°		
SCALE: NONE	Dwg. No. 647.1800	Rev. N/C
SIZE: C400 C400		SHEET 2 OF 7

92074

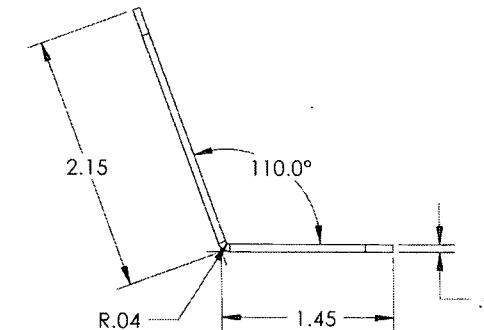
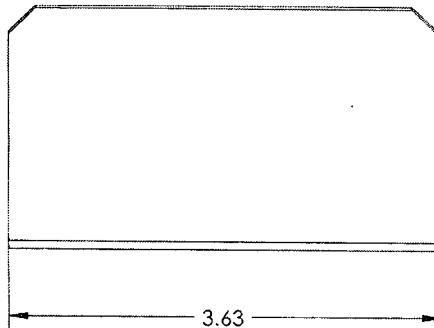
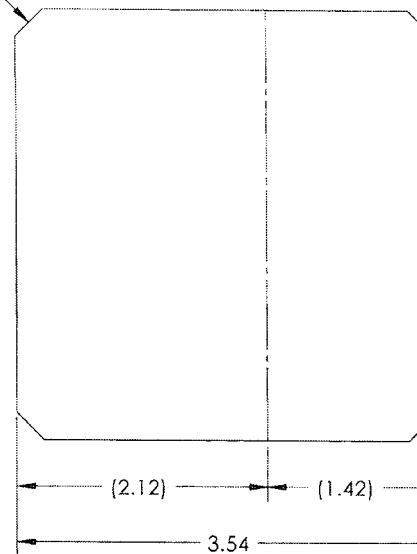


ORIGINAL DATE 10/05/04-01	REV. 10
DESIGNED BY C. GARDNER	CHIEF ENGINEER
SP2004-APP00141	P. BRAVO
P. BRAVO	C. GARDNER
C. GARDNER	APICAL INDUSTRIES
2608 TEMPLE HEIGHTS DR.	
OCEANSIDE, CA 92056-3512 (760)724-5300	
SHEETMETAL	
PRINTING DATE: 10/05/04-01	REV. 10
PRINTING DATE: 10/05/04-01	647.1800
SCALE: NONE	3 OF 7

1 2 3 4 5 6 7 8 9

REVISIONS AND EXPLANATIONS MADE ON THIS DRAWING
DO NOT AFFECT THE BASIC DESIGN OF THE PART

.23 X 45.0°
4 PL



92076

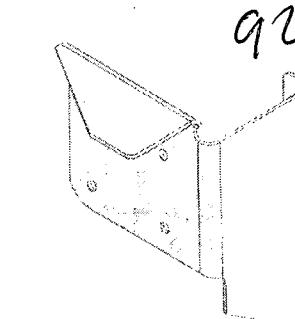
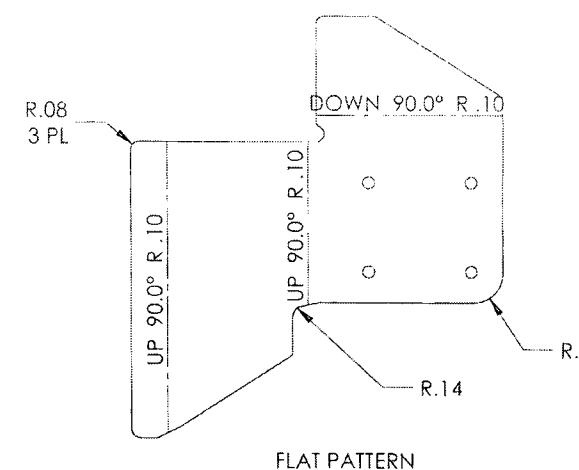
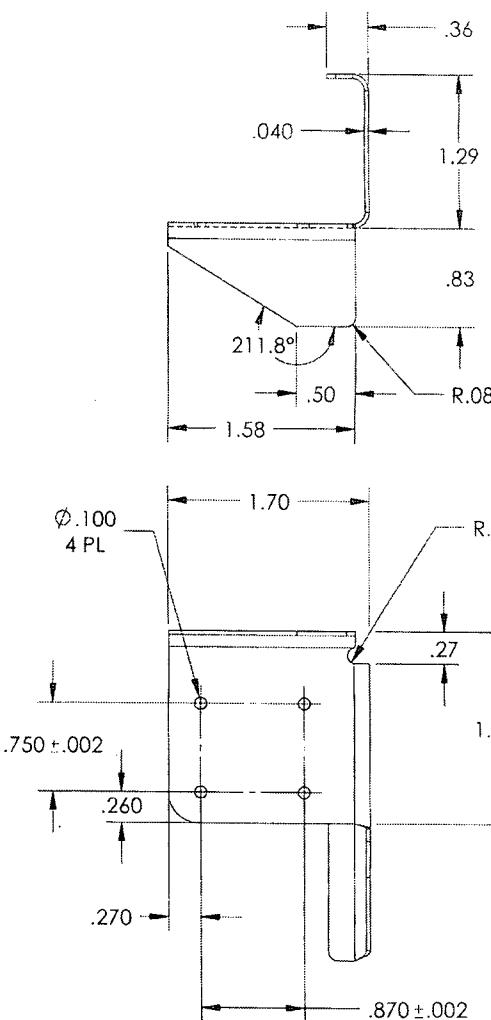
647.1813

ORIGINAL DATE	02/01/97	DESIGNER	GE
REVISED DATE	10/24/2000	REVIEWED	P. REAVO
DRAWING APPROVAL		P. REAVO	
CO-CHECKED		CO-CHECKED	
UNLESS OTHERWISE SPECIFIED TOLERANCES ARE 2 PLACES DEPENDANT 1.00 3 PLACES DEPENDANT 1.00 4 PLACES 1.00			
REV	07M16	DOC NO	647.1800
SCALE	NONE	REV	N/C
SHEET 4 OF 7			

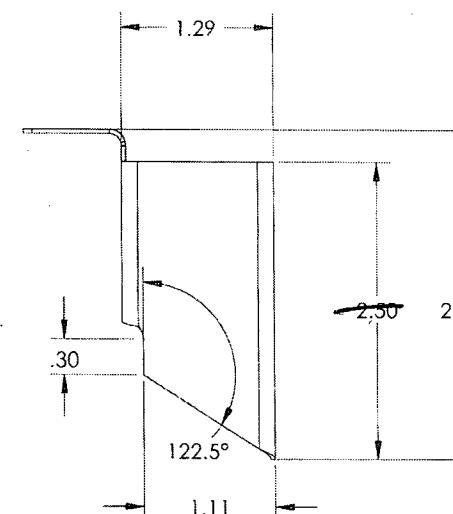
APICAL INDUSTRIES
2608 TEMPLE HEIGHTS DR
OCEANSIDE, CA 92056-3512 (760)724-5300

SHEETMETAL

A
8
D



92076



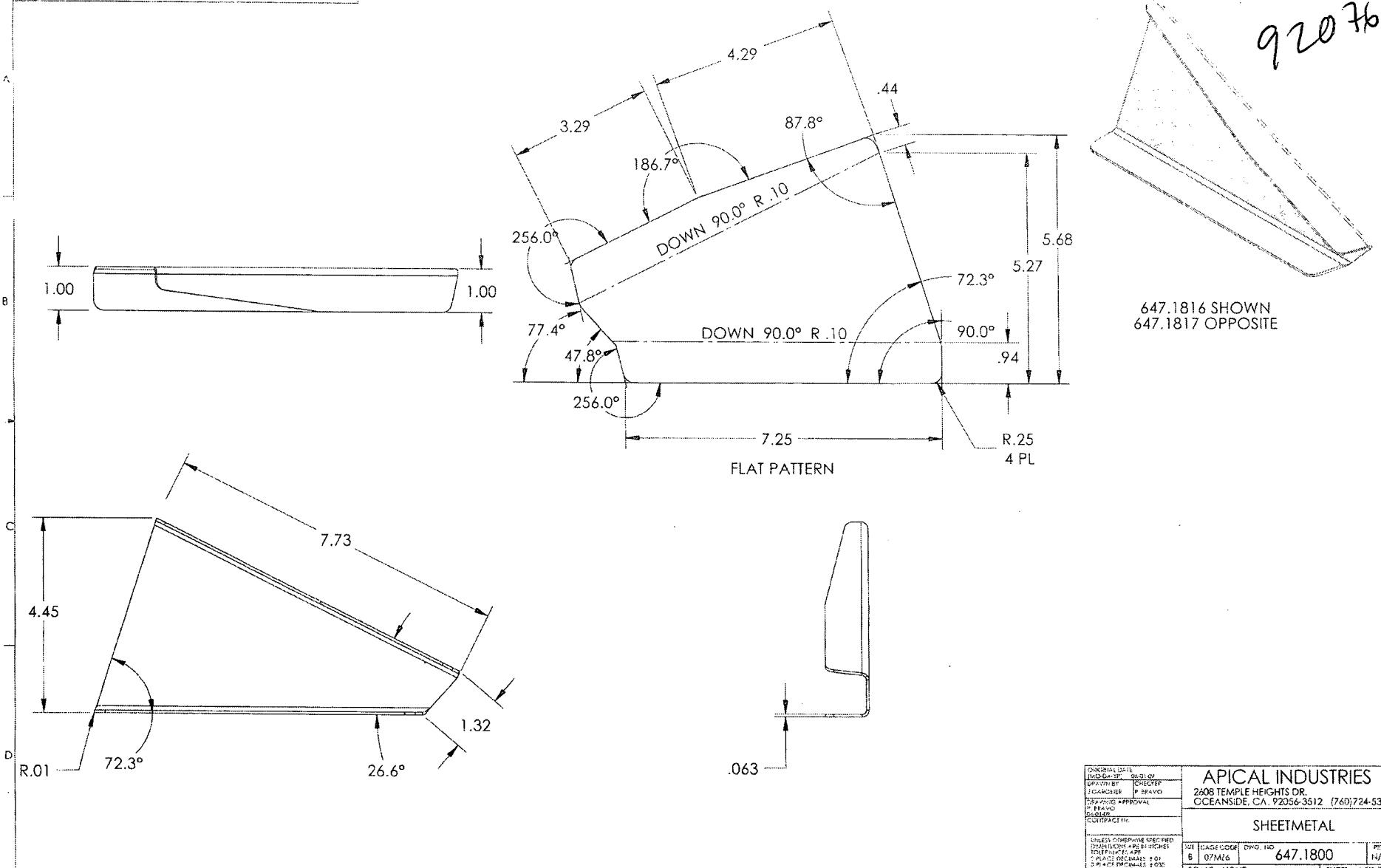
GENERAL DATE	10-10-09
DRAWING BY	CHILTON
CHIEF CRAFTS	WELDING
DRAWING APPROVAL	P. SPANO
CONTRACTING	
UNLESS OTHERWISE SPECIFIED	
STRAIGHTNESS 1/4"	
PLATE THICKNESS ±.01	
ANGLES ± 1°	
SHEET	5 OF 2

APICAL INDUSTRIES
2608 TEMPLE HEIGHTS DR.
OCEANSIDE, CA 92056-3512 (760)724-5300

SHEETMETAL

SHEET NO. 647.1800

REV. N/C



ORIGINAL DATE 06/04/07	REVISION 0
DRAWN BY J. GARDNER	CHECKED P. BRAVO
DESIGNED BY J. GARDNER	APPROVAL P. BRAVO
REVIEWED BY J. GARDNER	RE-IMPACTED J. GARDNER
APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3612 (760)724-5300	
SHEETMETAL	
UNLESS OTHERWISE SPECIFIED: 1. DIMENSIONS ARE IN INCHES 2. PLACE DECIMALS .000 3. PLACE INCHES AND FEET 4. ROUND TO 3 RD DECIMAL	
REV B 07/12/07	CAGE CODE 647.1800
SCALE: NONE	REV I/C SHEET 6 OF 7

2 3 4 5 6 7 8

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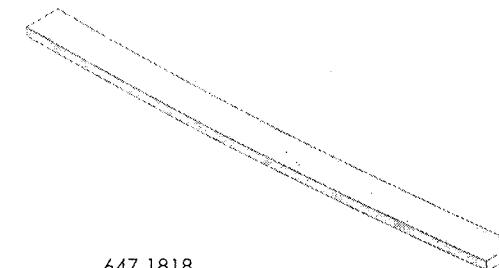
92074

A

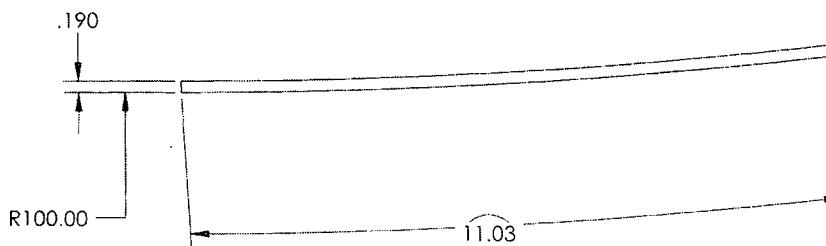


647.1818

B



C



D

CRAFTS DATE		01/04/03	
DRAWN BY		CHICHEP	
DESIGNED BY		SPAVO	
DRAWING APPROVAL		P. IRVING	
CERTIFICATE NO.			
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES 1/16 INCH = 1.5875 2 PLACE DECIMALS ±0.01 3 PLACE DECIMALS ±0.001 ANGLES ± 5°			
REV	647.1800	N/C	
DATE	EAGE CODE	Dwg. No.	
07/06	B	647.1800	N/C
SCALE: NONE		SHEET: 7 OF 7	

APICAL INDUSTRIES
2608 TEMPLE HEIGHTS DR.
OCEANSIDE, CA 92056-3512 (760)724-5300

SHEETMETAL



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62076

Date: 27-Nov-12

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via
Quantity	Description
1 lot	Part: ASST 4 PCS D4410-11 2 PCS 647.1612 14 PCS 647.1812 11 PCS 647.1613 1 PCS 647.1810 2 PCS 647.1811 8 PCS 647.1814 11 PCS 647.1815 10 PCS 646.9410 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 Job: 20120737; PO: PO18399 Line:
	<p>Certificate of Conformance</p> <p>A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.</p> <p>ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY</p> <p>DATE: <u>27/11/12</u></p> <p>CERTIFIED SIGNATURE: <u>MW</u></p> <p>RECEIVER SIGNATURE: _____</p>